This form is an example only. Certificates may look different, but should contain similar information.

## Longer Combination Vehicle (LCV) Driver Training Certificate

I certify that \_\_\_\_\_ has presented evidence of

Meeting the training prerequisites set forth in the Federal Motor Carrier Safety Regulations (49 CFR 380.203(a) and 380.205(a)) for LCV training, and has successfully completed the LCV Driver Training Course(s) indicated below:

Yes	LCV Doubles	
No	Date Training Completed	
Yes	LCV Triples	

Date Training Completed

No

I certify that the indicated LCV Driver Training course(s) was provided by a qualified LCV driver-Instructor as defined under 49 CFR 380.105 and meets the minimum requirements set forth in 49 CFR part 380, subparts A and B.

Driver Name (First name, MI, Last Name)			
Commercial Driver's License Number	State		
Address of Driver: (Street Address	City	State	Zip code)
Full Name of Training Entity		Telephone Number	
Business Address: (Street Address	City	State	Zip code)